



New York State Board for Professional Medical Conduct

Corning Tower • Empire State Plaza • Albany, NY 12237 • (518) 474-8357

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Charles J. Vacanti, M.D.
Chair

July 3, 1996

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Wolf Hans Baerwald, M.D.
24 West Butler
Chalfont, Pennsylvania 18914

License No. 159328

Dear Dr. Baerwald:

Effective Date: 07/10/96

Enclosed please find Order #BPMC 96-156 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect upon receipt of this letter or seven (7) days after the date of this letter, whichever is earlier.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Empire State Plaza
Tower Building-Room 438
Albany, New York 12237-0756

Sincerely,

Charles Vacanti, M.D.
Chair
Board for Professional Medical Conduct

Enclosure

cc: Kimberly O'Brien, Esq.

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

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IN THE MATTER :
OF : ORDER
WOLF HANS BAERWALD, M.D. : BPMC #96-156

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Upon the application of WOLF HANS BAERWALD, M.D.
(Respondent) for Consent Order, which application is made a part
hereof, it is

ORDERED, that the application and the provisions thereof are
hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall take effect as of the date of
the personal service of this order upon Respondent, upon receipt
by Respondent of this order via certified mail, or seven days
after mailing of this order by certified mail, whichever is
earliest.

SO ORDERED,

DATED: 1 July 96

Charles J. Vacanti

Charles J. Vacanti, M.D.
Chairperson
State Board for Professional
Medical Conduct

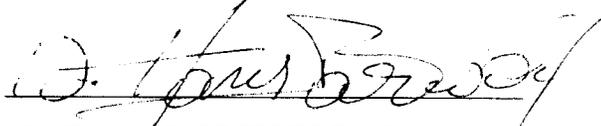
stayed in its entirety, conditioned on my full compliance for a probationary period of three years with the Terms of Probation attached hereto, made a part hereof, and marked as Exhibit "B".

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

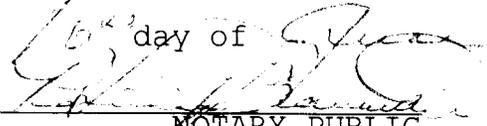
I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner.


WOLF HANS BAERWALD, M.D.
RESPONDENT

Sworn to before me this

 day of June, 1996.
NOTARY PUBLIC

PATRICIA A. BAERWALD #4947337,
Notary Public, State of New York
Qualified in Chautauqua County
My Commission expires Feb. 21, 1997

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

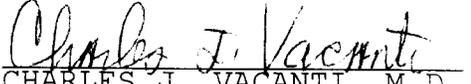
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IN THE MATTER : APPLICATION
OF : FOR
WOLF HANS BAERWALD, M.D. : CONSENT
: ORDER
-----X

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: June 19, 1946 
WOLF HANS BAERWALD, M.D.
Respondent

DATE: June 26, 1946 
KIMBERLY A. O'BRIEN
Senior Attorney
Bureau of Professional
Medical Conduct

DATE: June 27, 1946 
ANNE F. SAILE
ACTING DIRECTOR
Office of Professional Medical
Conduct

DATE: 1 July 96 
CHARLES J. VACANTI, M.D.
CHAIRPERSON
State Board for Professional
Medical Conduct

STATE OF NEW YORK: DEPARTMENT OF HEALTH
-----X

IN THE MATTER : STATEMENT
OF : OF
WOLF HANS BAERWALD, M.D. : CHARGES

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WOLF HANS BAERWALD, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 23, 1984, by the issuance of license number 159328 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine, at a registered address of RR#2, Box 614 Bemus Point, New York 14712.

FACTUAL ALLEGATIONS

A. On or about the period of December 1992, Respondent practiced as a radiation therapist at Woman's Christian Association Hospital in Jamestown, New York and acted inappropriately in that position, more specifically:

1. Respondent, on or about the period of December 8-11, 1992, inappropriately altered the treatment record of Patient A to show that Respondent applied a kidney shield when he provided radiation therapy, when in fact he had not.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

MORAL UNFITNESS

The Respondent is charged with conduct in the practice of medicine which evidences moral unfitness to practice medicine within the meaning of Education Law Section 6530(20) (McKinney Supp. 1996) in that the Petitioner charges:

1. The facts of Paragraph A and/or A1.

SECOND SPECIFICATION

WILLFULLY MAKING A FALSE REPORT

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(21) (McKinney's Supp. 1996) by reason of his having willfully made a false report in that the Petitioner charges:

2. The facts in Paragraph A and/or A1.

DATED: Albany, New York

June 26, 1996.


PETER VAN BUREN
Deputy Counsel
Bureau of Professional Medical
Conduct

TERMS OF PROBATION

EXHIBIT B

1. Respondent will conform fully:
 - a. to the professional standards of conduct imposed by law and by his or her profession
 - b. with all civil and criminal laws, rules and regulations.
2. Respondent will notify the Office of Professional Medical Conduct of:
 - a. any and all investigations, charges, convictions or disciplinary actions taken by any local, state or federal agency, institution or facility, within thirty days of each action;
 - b. any and all changes in personal and professional addresses and telephone numbers and facility affiliations, within 30 days of such changes. This will including any change in practice location, within or outside of the State of New York. The date of departure from the State of New York, and the date of return, if any, must be reported in writing.

Failure to notify the Office of Professional Medical Conduct of any of the above will be considered a violation of probation.

3. Respondent will maintain legible and complete medical records which accurately reflect evaluation and treatment of patients. Records will contain a comprehensive history, physical examination findings, chief complaint, present illness, diagnosis and treatment. In cases of prescribing, dispensing, or administering of controlled substances, the medical record will contain all information required by state rules and regulations regarding controlled substances.
4. I will be supervised in my medical practice by a supervising physician approved by OPMC. Said supervising physician shall be familiar with my history and with the Order and its terms of probation. Said supervising physician shall be in a position to regularly observe and assess my medical practice. Said supervising physician shall acknowledge his willingness to comply with the supervision by executing the acknowledgement provided by the Office of Professional Medical Conduct.

- a. Said supervising physician shall submit to the Office quarterly reports regarding the quality of my medical practice, any unprofessional conduct, and any absences from work and certifying my compliance or detailing my failure to comply with each term of probation.
5. The Respondent shall successfully complete 50 hours of Continuing Medical Education (CME) in the area radiation oncology treatment. This CME is in addition to any required CME training and must be completed within six months of the final order.
6. In certain instances, it may be appropriate to consider tolling (holding in abeyance) a period of probation, for physicians who are not practicing in New York State.
 - a. If the Respondent does not practice medicine in the State of New York, the probation period may be tolled and the period will then be extended by the length of the period outside of New York. Any terms of probation which were not fulfilled while Respondent was in New York State, must be fulfilled upon return to New York State.
7. So long as there is full compliance with every term herein set forth, Respondent may continue to practice his or her profession in accordance with the terms of probation. Upon receipt of evidence of non compliance with, or any violation of these terms, the Director of the Office of Professional Medical Conduct and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized by law.
 - a. Respondent shall assume and bear all costs related to compliance with the terms of probation.

ACKNOWLEDGEMENT

I have agreed to act as WOLF HANS BAERWALD, M.D.'s supervising physician, in his medical practice, pursuant to terms of probation described in the consent order entered into by him, and imposed by and Order of the Board.

I will regularly observe and assess WOLF HANS BAERWALD, M.D.'s medical practice.

I will submit written notification to the New York State Department of Health (NYSDOH), addressed to the Director, Office of Professional Medical Conduct, New York State Health Department, Corning Tower Building, Fourth Floor, Empire State Plaza, Albany, New York 12237.

I will report to the Board on a quarterly basis regarding the quality of WOLF HANS BAERWALD, M.D.'s medical practice, work, attendance, and compliance or noncompliance with the terms, conditions, or limitations placed upon him and/or his medical practice by Order of the Board.

I will immediately report to the Board any change in WOLF HANS BAERWALD, M.D.'s employment status or nature of practice.

_____, M.D.
SUPERVISING PHYSICIAN